# مجموعة الاسئلة القادمة جمعتها لكم من كتاب المعادلة الامريكية 2010 والحلول بعد الاسئلة في الاخر

A 17 year old male was skateboarding and fell while attempting to jump a flight of stairs. He lands with his upper arm against the edge of a step and hears a crack. At the hospital he is told that he has suffered a fracture of the left humeral shaft. What nerve and artery are at risk in this type of injury?
a) Ulnar nerve and axial artery
b) Axial nerve and radial artery
c) Median nerve and brachial artery
d) Radial nerve and brachial artery
e) Musculocutaneous nerve and axillary artery
f) Posterior interosseous nerve and dorsal scapular artery
2) A 23 year old male is playing soccer on a muddy field when he is tackled from the side. He immediately grabs his lower right leg and to his horror feels a bone protruding through the skin. At the hospital he is diagnosed with an open fracture of the right tibia. Which of the following initial antibiotic regimens is appropriate:
a) Cefazolin for 24 hours
b) Cefazolin for 48 hours
c) Cefazolin, gentamicin and penicillin for 72 hours
d) Cefazolin and gentamicin for 48 hours
e) Gentamicin for 48 hours
3) A 45 year old female is picking apples from a tree when she slips and falls from a height of 14 feet, landing on her feet. Her right ankle is very sore after the injury so she proceeds to the local emergency room. According to the Ottawa Ankle Rules, which of the following would be an indication for x-ray imaging of the affected ankle?
a) Inability to weight bear immediately after the injury
b) Inability to weight bear immediately after the injury and pain in the malleolar zone
c) Pain in the malleolar zone and body tenderness over the posterior aspect of the lateral malleolus
d) Bony tenderness over the posterior

aspect of the medial malleolus
e) Bruising over the anterior aspect of the medial malleolus
4) A 23 year old male is involved in a multiple vehicle collision during morning rush hour. After arriving to the hospital via ambulance around noon, it is discovered that the gentleman is suffering, among a variety of other minor injuries, from an open fracture of his left distal radius. Upon questioning, it is revealed that this gentleman is quite healthy and taking no medications. He denies any allergies. On physical exam, the open fracture is quite obvious, although the laceration is <2cm. A neurovascular exam is unremarkable for any worrisome findings. At this point, the most important step in management would be:
a) Immobilize in a cast and follow-up in 1 week to reassess healing
b) Proceed straight to the OR for an I and D, followed by ORIF
c) Inquire about tetanus status and respond accordingly
d) Administer antibiotics that target gram negative and anaerobic bacteria
e) Inquire about tetanus, give antibiotics and book the patient for an intraoperative I and D, and possible ORIF, to be done the following day
Orthopedics
5) You are the on call orthopedic surgery resident during a stormy winter night. During the evening hours, you are paged to see a 73 year old lady who slipped on a patch of black ice. She is complaining of severe right hip pain and nothing else. Upon questioning, you find out she suffers from hypertension and osteoporosis; moreover, you also discover that she has broken her right distal radius on 2 other occasions û fixed with closed reduction on both occasions. Her osteoporosis is being managed with calcium, vitamin D and an unknown bisphosphonate. Her antihypertensive medication is unknown, but
she admits that her blood pressure is well controlled. There are no other medications. The history also reveals that she has had an appendectomy and C-section in the

past, has no allergies, has never smoked and her last meal was lunch time. On physical examination, her right leg is shortened and in marked external rotation. Her right leg, as well as her other extremities, are neurovascularly intact. The rest of the exam is unremarkable. You send this lovely lady for an X-ray which shows a grade 4 subcapital fracture of her right hip. Her intraoperative treatment would include:
a) Hemiarthroplasty of her right hip
b) Total arthroplasty of her right hip
c) Dynamic hip screw
d) Gamma nail
e) ORIF femoral neck
6) A 53 year old male suffers an undisplaced fracture of his medial malleolus. It is immobilized with a plaster cast. He has a follow up visit in the fracture clinic in 2 weeks time to assess bone healing. You explain to him the potential complications of this fracture, including all of the following EXCEPT:
a) Mal-union
b) Non-union
c) Infection
d) Fat embolism
e) DVT
7) An 18 year-old motorcyclist presents in the emergency department following an accident. He has a compound tibia and fibula fracture of the right leg and on examination the right leg has no pulses. Your immediate treatment should be:
a) Immediate angiogram
b) Immediate surgery
c) Casting and/or splinting
d) Reduction and splinting
e) X-ray
8) Which of the following is the most serious complication of a displaced supracondylar fracture of the humerus?
a) Compartment syndrome of the forearm
b) Failure to heal
c) Healing in a non-anatomical position
d) Injury to the median nerve
e) Significantly limited range of elbow motion
9) All of the following statements regarding

knee injuries are correct EXCEPT:
a) Locking of the knee may be due to a torn meniscus
b) Minor tears of the medial collateral ligament can be treated with brief immobilization then range of motion and strengthening exercises
c) Lateral meniscus tears are more common than medial meniscal tears
d) Anterior cruciate ligament tears may give a positive Lachman test
e) A knee dis******** may be associated with major ligament damage
10) An 83 year-old man has fallen while walking down stairs. He is brought to the emergency department with a 3-part intertrochanteric hip fracture. Which of the following procedures would you choose to perform?
a) Hemiarthoplasty
b) Total hip replacement
c) Multiple pin fixation
d) Bipolar arthroplasty
e) Pin and plate
11) A 16 year-old female fell while roller-blading on her outstretched right hand. At a nearby emergency department X-rays confirmed the diagnosis of a closed Colles fracture. The proper reduction technique for this wrist fracture is which of the following:
a) Slight extension, full pronation, and full ulnar deviation
b) Slight flexion, full supination, and full radial deviation
c) Slight extension, full supination, and full ulnar deviation
d) Slight flexion, full pronation, and full ulnar deviation
e) Slight extension, full pronation, and full radial deviation
12) Which of the following is least likely to cause avascular necrosis:
a) Sickle cell disease
b) Septic arthritis
c) Steroid use
d) Constrictive dressings
e) Post-traumatic fracture
13) A 24 year-old football player severely fractures his ankle while playing in a game and subsequently requires ORIF treatment.

Indications for ORIF treatment of an ankle fracture include all of the following EXCEPT:
a) A fracture-dis********
b) Undisplaced fracture with Grade II ATFL tear
c) Trimalleolar fracture
d) Unstable talar tilt
e) Unable to maintain a closed reduction
14) Which of the following radiographic features is most consistent with osteoarthritis of the knee?
a) Marginal erosions
b) Juxta-articular osteopenia (demineralization)
c) Loss of articular cartilage with narrowing of the radiologic joint space
d) Osteonecrosis (avascular necrosis) of the medial femoral condyle
e) Syndesmophyte formation
15) All of the following have been associated with posterior shoulder dis********
EXCEPT:
a) Ethanol
b) Electricity
c) Exercise
d) Epilepsy
e) Encephalitis
16) Management of an open fracture should always include each of the following EXCEPT:
a) Assessment of neurovascular status
b) Reduction and fixation of fracture
c) Irrigation and debridement of wound
d) Application of sterile dressing
e) Application of topical antibiotics
ANSWERS
1. D
2. C
3. C
4. C
5. B
6. D
7. D
8. A
9. C
10. E
11. D
12. D
13. B

14. C
15. C
16. E

# نيجي لاهم جزء اللي فيه 40% من الاسئلة ككل وهو ال trauma

**1-A 20 year old man involved in a RTA (Road traffic accident) brought to ER by friends.On examination he was found to be conscious but drowsy .Vitals: HR 120 beats/min, BP 80/40 the most urgent initial management measure is:**
**A) CT scan of brain**
**B) X-RAY of cervical spine**
**C) Rapid infusion of crystalloid ABC**
**D) ECG to exclude heamopericardium**
**E) U.S abdomen**

**2- A 30 year old man presents with shortness of breath after a blunt injury to his chest,RR 30 breaths/min,CXR showed complete collapse of the left lung with pneumothorax, mediastinum was shifted to the right. The treatment of choice is:**
**A) Chest tube insertion**
**B) Chest aspiration**
**C) Thorocotomy and pleurectomy**
**D)IV fluids & 02 by mask**
**E) Intubation**

**3- in a conscious multiple trauma patient your priorities are:**
**a)to stop bleeding,then IV fluids**
**b)to secure air entry,breathing then BP**
**c)to start an iv fluid and send blood for cross matching**
**d)to intubate the patient**
**e)to do peritoneal lavage then IV fluids**

- Conscious with multiple trauma patient. Your priority is:
a-intubate the patient
b-peritoneal lavage then insert IV.
c-assess airway, breathing & BP.
d-insert IV line then send blood for matching.

- Pt conscious with multiple trauma, first step in management:
- Assess airway
- Iv line
- Endotracheal intubation
- Blood transfusion

- Patient with multiple trauma, conscious Rx:
a) ABC
b) I.V.F
c) Cross match

4- in abdominal trauma, all true except:
a) spleen is the common damaged organ
b) badly injured spleen need splenectomy
c) abdominal lavage (DPL) often exclude abdominal hemorrhage
d) abdominal examination often accurate to localize the site of trauma

- Blunt trauma: most frequent injuries are spleen (45%), liver (40%), and retroperitoneal haematoma (15%).
- Diagnostic peritoneal lavage :Mostly superseded by abdominal sonography for unstable patients and CT scanning in stable patients. Useful, when these are inappropriate or unavailable, for the identification of the presence of free intraperitoneal fluid (usually blood).Aspiration of blood, gastrointestinal *******s, bile, or faeces through the lavage catheter indicates laparotomy.

5-.recent heamothorax:
a) thoracotomy and decortication
b) aspiration of chest
c) insertion of chest tube
d) volume replacement only

6-best treatment for tension pneumothorax & pt in distress:

a) IVF
b) O2
c) Respiratory stimulator
d) Aspiration of air by needle
e) Intubation

7-the best method for temporary control of bleeding is:
a) arterial tourniquet
b) venous tourniquet
c) direct finger pressure
d) adrenaline

8-indication of tracheostomy, all true except:
a) foreign body in larynx
b) LT recurrent nerve cut
c) CA larynx
d) In some procedure which involve in radiation exposure
e) None of the above
Indications
The advent of the antibiotic era coupled with great advances in anesthesia have made tracheotomy or tracheostomy a commonly performed elective procedure.
To bypass obstruction
Congenital anomaly (eg, laryngeal hypoplasia, vascular web)
Foreign body that cannot be dislodged with Heimlich and basic cardiac life support (BCLS) maneuvers
Supraglottic or glottic pathologic condition (eg, infection, neoplasm, bilateral vocal cord paralysis)
Neck trauma that results in severe injury to the thyroid or cricoid cartilages, hyoid bone, or great vessels.
Subcutaneous emphysema
Appears in face, neck, or chest
Readily dissecting air, especially through inflamed or traumatized tissue planes, leading to massive soft tissue edema
Facial fractures that may lead to upper airway obstruction (eg, comminuted fractures of the midface and mandible)
Edema
Trauma
Burns
Infection
Anaphylaxis

**To provide a long-term route for mechanical ventilation in cases of respiratory failure**
**To provide pulmonary toilet**
**Inadequate cough due to chronic pain or weakness**
**Aspiration and the inability to handle secretions (The cuffed tube allows the trachea to be sealed off from the esophagus and its refluxing *******s. Thus, this intervention can prevent aspiration and provide for the removal of any aspirated substances. However, some would argue that the risk of aspiration is not actually lessened, as secretions can leak around the cuffed tube and reach the lower airway.)**
**Prophylaxis (as in preparation for extensive head and neck procedures and the convalescent period)**
**Severe sleep apnea not amendable to continuous positive airway pressure (CPAP) devices or other, less invasive surgery**

**9-length of trachea in adult is:**
**a) 11-12cm**
**b) 24cm**
**c) 20cm**
**d) 4cm**
**e) None of the above**

**the length of the trachea is 10–15 cm in adults (average 12.5 cm) and the distance from the vocal cords to the upper end of the trachea as 1 cm, three diagrams representing the cords to the carina distances (CCD) were drawn representing: 1) a short trachea (11 cm), 2) an average length trachea (13.5 cm), and 3) a long trachea (16 cm).**

**10- surgery- the most effective monitoring method in pt with acute bleeding is:**
**a)HB**
**b) HCT**
**c) Vital sign**
**d) Amount of blood loss**

**11- pt sustained abdominal truma,and was suspect intra-peritoneal bleeding,the most important diagnostic test is:**
**a) CT scan - "if vitally stable"**
**b) Direct peritoneal lavage DPL**

12- A 21 year old is involved in a head-on collision as the driver of a motor vehicle. He is noted to be severely tachypneic and hypotensive. His trachea is deviated to the left, with palpable subcutaneous emphysema and poor air entry in the right hemithorax. The most appropriate first treatment procedure should be:
a. Arterial puncture to measure blood gases.
b. Stat chest x-ray.
c. Intubation and ventilation.
d. Needle thoracocentesis or tube thoracotomy prior to any investigations.
e. Immediate tracheostomy.

13- The respiratory distress syndrome after injury is due to:
a) pneumothorax
b) aspiration
c) pulmonary edema
d) pulmonary embolus
e) none of the above

ARDS formerly most commonly signified adult respiratory distress syndrome to differentiate it from infant respiratory distress syndrome in premature infants. However, as this type of pulmonary edema also occurs in children, ARDS has gradually shifted to mean acute rather than adult.

14- most commonly affected organ in abdominal blunt trauma:
a) Liver
b) Spleen (emergency medicine recall p 41 9)
c) Kidney
d) Intestine

-Most commonly affected organ in blunt abdominal trauma is:
4-Liver
B-Spleen
C-Kidney
D-Intestine

للامانة اسئلة العظام ليست سهلة لكن ما يميزها ان عالاقل 15% من الاسئلة بتتكرر.....

دعواتكم لكل من كتب وجمع هذه الاسئلة ووضعها بين ايديكم

اسألكم الدعاء فأنني مقبل علي امتحان مثلكم جميعا

واتمن التفاعل من الزملاء وسرد تجاربهم بالامتحانات

فكما تأخذ لابد ان تعطي وكما تستفيد لابد ان تفيد

بالتوفيق للجميع